

# High Point Lead Safe Housing Program

## Rental Property Eligibility Screening Form

How did you learn about the program? \_\_\_\_\_

Date Screening Form completed: \_\_\_\_\_

Name of Property Owner, Landlord, or Property Management Company \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

\_\_\_\_\_ Tenant occupied \_\_\_\_\_ Vacant rental \_\_\_\_\_ In-home Childcare

\_\_\_\_\_ Single family \_\_\_\_\_ Multifamily (No. of units \_\_\_\_\_)

Address of Property: \_\_\_\_\_

Number of Bedrooms per Unit \_\_\_\_\_

Reason why lead hazard is suspected and description of potential hazard area(s): \_\_\_\_\_

Other rehab needs (non-lead hazard): \_\_\_\_\_

Is there a child under the age of six that lives in the rental home or that visits frequently\*? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

***\*In order for children to be counted as visiting frequently, they must visit at least 2 days a week, at least 6 hours per week, and at least 60 hours a year***

***ALL questions below must be answered. If answers to all questions are yes and once you have submitted an application, your property will be placed on the waiting list to be considered for lead hazard control grant assistance...***

Was your property built prior to 1978? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your property in the City of High Point city limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are the tenants low to moderate income?\* \_\_\_\_\_ Yes \_\_\_\_\_ No

*(If unit is vacant please leave this question blank)*

**\*NOTE** – Occupant income must not exceed 80% of the area median income adjusted for family size (see income table). Application processing is subject to the U.S. Department of Housing and Urban Development's priority requirements. If unit is not occupied by young children at this time, and the unit is vacant or becomes vacant, will the unit be available to low-moderate income\* families with young children?

Family Size	Maximum Income 80% AMI
1	\$32,500
2	\$37,150
3	\$41,800
4	\$46,400
5	\$50,150
6	\$53,850
7	\$57,550
8	\$61,250

***Note: If the rental property is approved and receives Lead Grant assistance, the landlord may be required to provide compliance information up to 3 years after unit receives assistance.***

# CITY OF HIGH POINT

## Rental Property Lead Grant Application

### APPLICANT INFORMATION

APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

CO-APPLICANT'S FULL NAME: \_\_\_\_\_ SS# \_\_\_\_\_

\*RACE: \_\_\_\_\_ DATE OF BIRTH: APPLIC. \_\_\_\_\_ CO-APPLICANT: \_\_\_\_\_

\* For Statistical Purposes Only

NO. HOUSEHOLD \_\_\_\_\_ PRESENT RESIDENCE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
(if lived at present address less than 2 years, please complete the following)

FORMER RESIDENCE: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE NO. ( ) \_\_\_\_\_ DAYTIME NO. ( ) \_\_\_\_\_

APPLICANT IS: ( ) INDIVIDUAL  
( ) PARTNERSHIP – FEDERAL I. D. NO.: \_\_\_\_\_  
( ) CORPORATION – FEDERAL I. D. NO.: \_\_\_\_\_

### RENTAL PROPERTY INFORMATION

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

NUMBER UNITS: \_\_\_\_ ( ) ATTACHED ( ) SEMI-ATTACHED ( ) DETACHED

NUMBER OF BEDROOMS \_\_\_\_\_

MONTHLY RENT PER UNIT: PRESENT: \$ \_\_\_\_\_ AFTER REPAIRS: \$ \_\_\_\_\_

IF THE RENTAL UNIT(S) REQUIRE(S) OTHER MAJOR HEALTH OR SAFETY REPAIRS IN ORDER TO RECEIVE LEAD GRANT ASSISTANCE, HOW DOES APPLICANT INTEND TO PAY FOR THESE ADDITIONAL REPAIRS ?

(Check one that applies)

PRIVATE LOAN WITH PROPERTY AS COLLATERAL \_\_\_\_\_  
PERSONAL LOAN, CURRENT FUNDS ON HAND \_\_\_\_\_  
CITY RENTAL HOUSING IMPROVEMENT PROGRAM(RHIP) \_\_\_\_\_  
OTHER, GIVE DETAILS: \_\_\_\_\_

WHO MANAGES/WILL MANAGE UNIT(S)? \_\_\_\_\_

DAYTIME NO. \_\_\_\_\_

Property Address \_\_\_\_\_

**Lead Information, Inspections, Clearance Testing, Disclosure,  
Lead Remediation and Ongoing Lead Hazard Monitoring**

The Lead-Based Hazard Reduction Program requires that lead hazard evaluation and remediation activities be carried out on homes constructed prior to 1978 that contain lead-based paint hazards in order to participate in the program and to receive assistance.

I understand that the City of High Point will undertake lead-based paint testing on my home. If the test results reveal lead-based paint hazards, I understand that my scope of work will include the work necessary to make my home lead safe. Lead safe means that all lead-based paint hazards in my home have been stabilized and that my home passed a certified lead clearance test upon completion of work. For my home to remain lead safe, I understand that I must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were not identified as a present hazard. I will receive a copy of the results of the lead hazard reduction and clearance test within 15 days of their completion.

I have received a copy of the pamphlet "Protect Your Family From Lead in Your Home".

The interviewer has discussed the hazards of lead based paint with me and we have reviewed each item listed above.

The applicant(s)/owner(s) agrees that the City of High Point will do an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate the City of High Point to award a lead remediation grant.

The applicant(s)/owner(s) will be informed of the results of the inspection. I understand that the results of the lead-based paint inspection and clearance test will be registered with the Department of Health and Human Services - Health Hazards Control Unit and will be a permanent part of my home's legal records. The applicant(s)/owner(s) is(are) required to disclose the inspection results and/or clearance results in the home in the event of future sale or lease of the property.

The applicant(s)/owner(s) further agrees that the City of High Point will not be held liable for any damages that may occur as a result of said inspection and subsequent disclosures.

For applicant(s)/owner(s) protection, please list any known allergies or respiratory conditions of family members or others in the household. Please provide details: \_\_\_\_\_

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**Property Address** \_\_\_\_\_

**RENTAL REQUIREMENT AGREEMENT**

By signing below you agree to the following: 1) If property is vacant and becomes occupied before lead work is completed, the City needs the new tenant's information. 2) If the property is vacant or becomes vacant up to 3 years after lead assistance is provided, according to Federal guidelines, you are **required** to rent the property to low-to-moderate income families (see table below) with priority availability to families with small children (under the age of six). You may be asked to provide additional tenant and/or unit information to the City periodically, even after the property has received assistance.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

Whoever knowingly and willfully falsifies or makes any false, fictitious, or fraudulent statement or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be prosecuted as provided by the laws of the State of North Carolina.

**SITE CONTAMINATION**

The rental property owner agrees that when lead work is performed on the property and the property is prepared for clearance, the rental property owner, representative of the rental property owner, and the tenant(s) of the property will not enter the property prior to clearance. Entering the property prior to clearance may contaminate the site. If any of the above mentioned enters the property prior to clearance testing and the property does not pass clearance, then the rental property owner is responsible for the cost of re-clearance.

The signature(s) below signify that all information contained in this application is true and complete and that Rental Requirement Agreement, Lead Information statement, and Site Contamination statement are understood and agreeable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach an additional sheet if more space is required

**TENANT INFORMATION: LIST EACH FAMILY MEMBER AND AGES FOR EACH UNIT/HOUSE**

[illegible]

\*Indicate utilities provided - ( C ) Cooking fuel - (E) Electricity - (H) Heat - (W) Water

\*\*Indicate Appliances Furnished - (D) Dryer - (R) Refrigerator - (S) Stove - (W) Washer



## Tenant/Landlord Declaration

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

\_\_\_\_\_

Tenant Name: \_\_\_\_\_

Tenant Contact Number: \_\_\_\_\_

Tenant Employer: \_\_\_\_\_

Employer Address and Phone: \_\_\_\_\_

Tenant Monthly Income and deductions: \_\_\_\_\_

Number of Children in Unit: \_\_\_\_\_ Ages: \_\_\_\_\_

I, \_\_\_\_\_, certify that all the information contained in this document is true and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Tenant/Landlord Declaration

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

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Tenant Name: \_\_\_\_\_

Tenant Contact Number: \_\_\_\_\_

Tenant Employer: \_\_\_\_\_

Employer Address and Phone: \_\_\_\_\_

Tenant Monthly Income and deductions: \_\_\_\_\_

Number of Children in Unit: \_\_\_\_\_ Ages: \_\_\_\_\_

I, \_\_\_\_\_, certify that all the information contained in this document is true and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Lead Testing Release Form

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I, \_\_\_\_\_, acknowledge that by having my property at \_\_\_\_\_ tested for lead-based paint hazards by the City of High Point's Lead-Safe Housing Program, I am required to disclose the testing results to all current and future tenants and potential buyers.

Even if the property is tested for lead hazards, I also understand that the City of High Point's Lead-Safe Housing Program might not be able to assist in the lead remediation of the above property if program limitations do not make the activities feasible.

Signed by \_\_\_\_\_ on \_\_\_\_\_.  
*signature* *date*